

ASSISTED LIVING FACILITY
INFORMED CONSENT: SAFETY DEVICES

1. I have received and read *“Use of Safety Devices: A New Practice Standard for Safe Care, One Daughter’s Story.”*
2. The facility staff answered my questions regarding the use of safety devices and the available alternatives and risks.
3. The Facility staff has provided me with information about any pre-existing condition/s that may place me at risk of injury prior to the use of any safety devices.
4. I request, under the management and supervision of my doctor or advanced practice registered nurse, the use of:

_____ for medical conditions specified by my doctor or advanced practice registered nurse.
(Please specify specific safety device(s). If request is based upon concern for physical safety or fear of falling please also provide these concerns.)

5. I understand that the facility may not use a safety device without an order from a doctor or advanced practice registered nurse. I also understand that my doctor or advanced practice registered nurse must use his/her professional judgment to evaluate my request and is not obligated to order a safety device if counter indicated.

Witness: _____

Time: _____

Date: _____

Resident Name

Resident Signature

OR

Authorized representative Name

Authorized representative Signature